Consolidated Benefits (CoBen)



General Information

Eligibility: BU 2, 7, 8, 16, 17, 18, 19, and Excluded Employees

Benefit Allowance

Combined employer contribution for health, dental and vision

Cash Option

In lieu of option for employees with other qualifying health and/or dental coverage



Delta Dental: 24-Month Restriction

- Employees in CoBen do not serve the State Dental Program's Delta Dental 24month restriction period
- Newly hired employees and those who transfer from a Bargaining Unit that is not eligible for CoBen to one that is eligible, including those who are currently serving the 24-month restriction, will be allowed to enroll or change to a Delta Dental plan

Ways to Calculate Costs

Benefits Calculator (preferred)

- Automatically calculates amounts added/ deducted based on election choices
- Basic vision plan is automatically added into the calculation

Benefits Worksheets

- Available in the CoBen handbook
- Employees manually calculate costs



Appeals Process

 CalHR will review appeals submitted by personnel offices on a case by case basis in the event of an administrative error

Email CoBen@calhr.ca.gov

Fax (855) 629-7814



Cash Option Programs (CoBen & FlexElect)



Learning Objectives

- Tell the difference between FlexElect and CoBen Cash Options
- Determine eligibility
- Understand qualifying coverage
- Know the differences that apply to Permanent-Intermittent (PI)



Available Cash Option Programs

FlexElect

Bargaining Units 1,
3, 4, 5, 6, 9, 10, 11,
12, 13, 14, 15, 20
and 21

CoBen

Bargaining Units 2,
 7, 8, 16, 17, 18, 19,
 and Excluded
 Employees

- Once enrolled, employees do not need to re-enroll each year
 - Exception: PI employees must reenroll each year



Eligibility Criteria

State employees designated:

- Rank and File
- Managerial
- Supervisory
- Confidential
- All other employees excluded from collective bargaining

Additional Requirements:

- Permanent status
- Limited-term or TAU
 - FlexElect: Mandatory right of return to a permanent position
 - CoBen: Mandatory right of return not required
- Work one-half time or more
- Permanent intermittent



Qualifying Coverage

- Employee must have qualifying group coverage to be eligible for cash in lieu of health or health and dental
 - Health coverage including but not limited to the following are not qualifying coverage to receive the Cash Options:
 - TRICARE, Medicare, Medi-Cal, Covered California, VA, Indian Reservations

Cash Option Monthly Amounts

Coverage	FlexElect	CoBen
Health Only	\$128	\$130
Dental Only	\$12	Not available
Health and Dental	\$140	\$155
Administrative Fee	\$1	\$0

 Unit 6 employees may not receive the FlexElect Cash Option in lieu of their dental insurance



Cash Option Enrollment Forms

	Print Form	Res	et Form				
STATE OF CALIFORNIA - DEPARTMENT OF HUMAN RESOURCES CASH OPTION ENROLLMENT AU STD 701C (Rev. 102019)	THORIZATION						C
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Effective Dates

- Standard Events
 - First of the following month when a correctly completed enrollment form is received at SCO by the 10th AND does not have to be returned to the agency for correction
- Mandatory Events
 - First of the month following the event

Dental: Three Year Commitment

- Must remain enrolled in Cash Option for three plan years
 - Disclosed on the STD 701C and 702
 - Personnel offices must confirm eligibility before an employee enrolls in dental coverage
- Exceptions
 - Lose their other dental coverage (60 day window)
 - Cancel both their health and dental CoBen
 Cash Option during open enrollment



PI Employees

- Eligibility Requirements
 - Have been eligible for health and/or dental for the entire January through June control period
 - Be paid for at least 480 hours worked during the January through June control period
 - Have a PI appointment from January 1 through
 June 30 of the plan year for which they enrolled
 - Have completed a STD 701C or 702 during open enrollment or as a newly eligible employee



PI Employees, 2

- Enrollment Requirements
 - Employee must complete a form STD 701C (FlexElect) or 702 (CoBen) during open enrollment
 - Must re-enroll each year
 - Personnel offices retain the form until July of the following year

PI Employees, 3

- If employee meets the eligibility definition, personnel offices submit to SCO for processing along with a STD 674
 - Add in the remarks of the 674 "I certify this PI employee has worked 480 hours during the January June _____ (YEAR) control period and meets all other eligibility criteria for the Cash Option payment of _____ (AMOUNT DUE)"
 - SCO must receive the forms by September 1



PI Cash Option Lump Sum Amounts

Coverage	FlexElect	CoBen
Health Only	\$768	\$780
Dental Only	\$72	Not available
Health and Dental	\$840	\$930
Administrative Fee	\$12	\$0

 Unit 6 employees may not receive the FlexElect Cash Option in lieu of their dental insurance



Change in Status Events

Permitting Events

Marriage, divorce, legal separation, or annulment

Birth or adoption of a child

Death of a spouse or dependent

Loss or commencement of spouse's coverage due to an employment status change

Change in employee's or spouse's work schedule that results in a loss or gain of eligibility and coverage



Loss of Eligibility

- Change to a time base that is less than half-time
- Change to an appointment that is not permanent (such as LT or TAU) unless otherwise defined under Eligibility Criteria
- Change to a Permanent-Intermittent (PI)
 position (may possibly reenroll as a newly
 eligible PI)

Loss of Eligibility Procedures

- A 701C (FlexElect) or 702 (CoBen) must be processed to cancel the Cash Option
 - Employees may complete the form and submit to the personnel office; or
 - Personnel offices may complete as an administrative cancellation but must notify employee

Appeals Process

 CalHR will review appeals submitted by personnel offices on a case by case basis in the event of an administrative error

Email

flexelect@calhr.ca.gov CoBen@calhr.ca.gov

> **Fax** (855) 629-7<u>814</u>



Differentiators

- LT and TAU appointments
- Bargaining unit eligibility
- Cash Option amounts



FlexElect Reimbursement Accounts



Learning Objectives

- Know what the types of accounts are
- Understand eligibility
- Qualified expenses
- Claims filing process
- COBRA application



FlexElect Programs

Medical Reimbursement Account (MRA)

Health, dental and vision expenses

No Federal, State, or Social Security taxes withheld

Dependent Care Reimbursement (DCRA)

Dependent care expenses while working or looking for work

No Federal, State, or Social Security taxes withheld

Cash Option



Eligibility Criteria

State employees designated:

- Rank and File
- Managerial
- Supervisory
- Confidential
- All other employees excluded from collective bargaining

Additional Requirements:

- Permanent status
- Limited-term or TAU
 - Mandatory right of return to a permanent position
- Work one-half time or more



Reimbursement Accounts

Available Accounts

Medical Reimbursement Account (MRA)

Max Election: \$2,750 per year

Minimum Election: \$10 per month

Dependent Care Reimbursement Account (DCRA)

Max Election: \$5,000 per year per household; \$2,500 if married and filing separately

Enrollment Form Submission

- Employees must complete a STD 701R to enroll
 - Must re-enroll each open enrollment period
- Confirm monthly deduction amounts do not exceed the plan maximums
 - MRA: \$229.16
 - DCRA: \$416.66
 - Newly Enrolled Exception: May elect more than the monthly maximum based on the remaining paychecks for the year



Reimbursement Account Enrollment Authorization

REIMBURSEMENT ACCOUNT ENROLLMENT AUTHORIZATION STD. 701R (Rev. 102019)	oes	FLEXELECT PRO	GRAM
Please type or use ba should be directed to your personn	llpoint pen and print clear tel/payroll office. Return o	rly. Questions regarding completic completed form to your departmen	on of this form n's personnel/payroll office.
	SEE PRIVACY NOT	ICE ON REVERSE	
ENROLLMENT (Check appropriate box)		2. SOCIAL SECURITY NUMBER	
A. Open Enrollment D.	Cancel Deduction		
B. New Enrollment E.	COBRA Continuation	3. NAME (First, Initial, Last)	
C. Change Due to Permitting Event	of MRA		
To establish a Medical and/or a Dependent Care R	eimbursement Account ent	er the amount you want to have dedu	ucted EACH month from your paycheck
and deposited in your account(s) in Item #5A and/o BENEFIT ITEM	4. For SCO Use Only DED/ORG CODE	5. TOTAL MONTHLY AMOUNT TO BE DEDUCTED	T 6. For SCO Use Only Type of Change
Medical Reimbursement Account (MRA)	352 -	A. S	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Dependent Care Reimbursement Account (DCRA)	353 -	B. \$	
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Effective Dates

- Standard Events
 - First of the following month when a correctly completed enrollment form is received at SCO by the 10th AND does not have to be returned to the agency for correction
- Mandatory Events
 - First of the month following the event



How to Get Reimbursed

- Complete CalHR 351 (FlexElect Reimbursement Claim Form, Rev. 7/2016) after expense is incurred
- Submit form and supporting documentation to ASIFlex via mail, fax, through their online portal or their mobile app
- ASI will process the claim and SCO will generate checks
 - Note: Direct deposit may also be set up through ASI's portal



Replacement Checks – Lost or Stolen

- Process
 - Employee must submit the following information:
 - Warrant number
 - Issue date
 - Warrant amount
 - Address
 - Employees may contact ASI if they do not have this information



Replacement Checks – Lost or Stolen, 2

- Once obtained, employee can email check information to <u>FlexElectStopPaymentRequest@calhr.ca.gov</u>
 - CalHR completes a portion of the form and emails to the employee
- Employee mails completed form to SCO for processing
 - Turnaround for processing is approximately 14 days



Replacement Checks - Stale

- Employees can now send their requests to <u>FlexElectStopPaymentRequest@calhr.ca.gov</u>
 - Must submit a copy of their check or provide complete check information



Claims Deadlines

Plan Year

January 1 – December 31

Grace Period

March 15 of the following plan year

Claims Filing
Deadline

June 30 of the following plan year

Change in Status Events

Permitting Events

Marriage, divorce, legal separation, or annulment

Birth or adoption of a child

Death of a spouse or dependent

Loss or commencement of spouse's coverage due to an employment status change



Loss of Eligibility

- Change to a time base that is less than halftime
- Change to an appointment that is not permanent (such as LT or TAU) unless the employee has a mandatory right of return to a permanent position with a time base that is half-time or more
- Change to a Permanent-Intermittent (PI) position
 - Reminder: PIs are not eligible for the reimbursement accounts



Loss of Eligibility Procedure

- A 701R must be completed to cancel an employee's enrollment
 - Employee may complete the 701R and submit to the personnel office for processing
 - Cancellation may be processed administratively by personnel offices
 - The personnel office is responsible for notifying the employee when an administrative FlexElect cancellation is done



MRAs and COBRA

- MRAs are eligible plans to be continued for the duration of the plan year under COBRA
 - DCRAs are not considered a benefit eligible for COBRA
- Eligibility
 - Employee loses eligibility to continue to incur claims as of the date they lose active pay status
 - Employee may continue their monthly contributions up to the end of the current plan year to maintain eligibility
 - If not, any remaining funds are forfeited



Appeals Process

 CalHR will review appeals submitted by personnel offices on a case by case basis in the event of an administrative error

Email flexelect@calhr.ca.gov

Fax (855) 629-7814

